while among those patients treated without ergot it was 51.6 per cent. Ranson says that this result is striking when we consider that usually the sedatives increase the mortality. Ranson likewise found ergot of value in the incipient cases, the percentage of patients developing delirium being reduced 23.3 per cent. by its use. He says that any explanation of its action would be pure speculation, but speaks of the possibility that it may decrease the cerebral hyperemia. Ranson also believes that whiskey is of use in the treatment of incipient cases, lowering the percentage of patients becoming delirious by 20.2 per cent. In the delirious patients, he believes it is useless.

The Pathogenesis and Therapeutics of Diarrhœa.—A. SCHMIDT (*Med. Klin.*, 1909, xiii, 457) reviews briefly some of the causes of diarrhœa, and mentions particularly a form with serous, foul-smelling stools. This form, he believes, is due to an abnormal secretion of an albuminous fluid which putrifies readily. He discusses briefly the treatment of the different forms of diarrhœa, classifying the remedies into the opiates, the astringents, and the intestinal antiseptics. The opiates are believed to be beneficial by reason of their antiperistaltic action, and consequently they are used in cases of diarrhœa due to increased peristaltic action. Schmidt believes they should be used only in cases of chronic diarrhœa when all other measures fail, never for acute cases. He believes that the opiates are an example of symptomatic therapy and have no relation to rational therapeutics. The use of the astringents rests upon a much firmer etiological basis, but their application is limited to certain forms of diarrhœa, *e. g.*, those showing signs of a subacute or chronic inflammation of the mucous membrane. Schmidt says that he has made many clinical observations and experiments in order to determine the most efficient intestinal antiseptic, and he believes that hydrogen dioxide is the most efficient and least harmful. He found that pure agar-agar was able to take up from 10 to 12 per cent. of hydrogen dioxide, and that it yielded it up very slowly in the form of nascent oxygen. He used this hydrogen-dioxide-agar for the treatment of diarrhœa with serous foul-smelling stools, with good results. It had no apparent effect upon diarrhœas originating in the large intestine or those due to intestinal tuberculosis. Schmidt concludes by saying that since the hydrogen-dioxide-agar is perfectly harmless, it should be more widely used, in order to determine its further uses and limitations.

PEDIATRICS.

UNDER THE CHARGE OF

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Staphylococcic Infection Treated with Killed Bacteria.—SOPER (*Pediatrics*, xxi, No. 3) reports observations on the application of opsonic therapy to bacterial infections in infancy and childhood. The majority of his cases were furunculosis in children, ranging in age from two months to seven years. In each case the staphylococcus was isolated before treatment was begun, and no medicinal treatment was used. The opsonic index was not followed. Twelve cases received on an average two inoculations each; 6 received three, and 2 cases one each. Most of the cases were cured in from one to four weeks; a few were not improved. A bacterial emulsion was prepared in the following way: a twenty-four-hour growth of pure culture on plain slant agar was washed with 3 c.c. of sterile normal salt solution and placed in a water bath at 65° C. for one hour. The number of cocci per c.c. was estimated by the Wright method of standardization, or by counting in a Thoma-Zeiss red blood counter, using a solution of methylene blue as a stain. Sterility of the emulsion was proved by inoculating with it a tube of slant agar and incubating for twenty-four hours at 37° C. If no growth appeared, it was considered sterile enough for subcutaneous inoculation. Using the same amount of salt solution and the same sized stroke on the agar produced fairly constant quantities of bacteria per c.c; 0.5 to 1 c.c. usually gives a dosage of 50,000,000 to 100,000,000. Local inflammatory reaction was slight or absent. Comparison of stock vaccines with autogenous showed little difference in behavior, autogenous vaccine curing each of 5 cases, and stock vaccine 75 per cent. of 15 cases. Usually a small dose, 30,000,000, was given at first, and later the dose was increased up to 100,000,000. In some of the older children 250,000,000 were used at first and increased to 500,000,000.

Teratoma of the Testicle.—Lorrain (*Bull. et mém. de la soc. anat. de Paris*, 1909, lxxxiv, 65) reports the case of a boy, aged fifteen years, whose left testicle had been noticed to be enlarged since he was six months old; it grew slowly until his ninth year, at which time he had measles. Since then it had grown more rapidly. At the time of the report the right testicle was of normal size, the left twice as large. At the base of the testicle was to be felt a hard mass, regular in outline, not transparent and slightly tender; the epididymis was intact. The diagnosis rested between tuberculosis and cyst. After removal of the testicle it was noticed that the testicle and the tumor were separated from each other by a constriction, the tumor mass, however, extending into the interior of the testicle. The mass contained sebaceous material, glands, and four teeth, thus showing the tumor to be a teratoma.

The Distribution of Tuberculous Lesions in Infants.—Martha Wollstein (*Archiv. Int. Med.*, April, 1909) has investigated the manner of infection and the localization of tuberculous lesions in children, by analyzing the autopsies of 185 children showing tuberculosis. These children came from unhygienic tenement districts in New York and were all under three years of age. From this series of cases it appears that of all infants under one year coming to autopsy, 12 per cent. showed tuberculous lesions; 36 per cent. of those between one and two years, and 32 per cent. of those over two years. Of infants under three months only 1.8 per cent. had tuberculosis. In these 185 cases there were 13 in which the lesions were limited to the respiratory tract, and only 1 case involving the intestines alone. The point of entrance of the bacillus